

CALFRESH (CF) PROGRAM

REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 07/23/14	NEED RESPONSE BY:
2. REQUESTOR NAME: Scott Neeri	6. COUNTY/ORGANIZATION: San Bernardino	
3. PHONE NO.: (909) 383-9890 / Fax (909) 383-9714	7. SUBJECT: Collateral Contact for Another State's Benefits	
4. REGULATION CITE(S): See #8 References	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s). CFR 273.2(f)(4)(ii), MPP 63-300.5(g)(2), CFR 273.2(f)(5)(i), MPP 63-300.5(i), CFR 272.12(c)(2), CFR 273.3 Residency, MPP 63-401.2, FNS 310	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		

Situation: Applicant states she has just moved to CA from another state where she was receiving SNAP benefits. She does not have any verification that her portion of SNAP benefits in the other state have been terminated. The CWD has repeatedly attempted to verify the termination of SNAP benefits with the other state's SNAP administration agency but has not received a reply.

Question: Is this a situation in which the CWD can use a collateral contact to verify the termination of SNAP benefits (such as an ex-husband or friend that was on the case with the customer in the other state)?

10. REQUESTOR'S PROPOSED ANSWER: Yes, a collateral contact may be used to verify the termination of SNAP benefits if all other attempts at verification have been unsuccessful. The ex-spouse or friend can be considered a collateral contact since they are outside of the household and can verify the termination of SNAP benefits.
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11. STATE POLICY RESPONSE (CFPB USE ONLY): No, verifying the termination of SNAP in another state by a person who was also in the same household is a not a valid collateral contact. According to 7 CFR 273.2 (f)(4)(ii) [MPP 63-300.5(g)(2); MPP 63-301.541(ES)], a collateral contact is a person outside of the household, who can provide a third-party verification. An ex-spouse or friend cannot be considered a collateral contact. Usually, a collateral contact would be a State agency or an employer, or other entity that can validate the accuracy of the information provided by the household.
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Since California does not participate in PARIS and the other state has not yet responded to California's request (hopefully, not exceeding the 20-day allotment [7 CFR 273.272.12(c)(2)]), according to the Food and Nutrition Service, it is up to the client to provide proof that the benefits have been terminated [Title 7 CFR 273.2 (f)(5)(i) and MPP 63-300.5(i)]. 7 CFR 273.2 (f)(5)(i) says the household has the primary responsibility for providing evidence to support the application. OVER

FOR CDSS USE

DATE RECEIVED: 07/23/2014	DATE RESPONDED TO COUNTY/ALJ: 08/26/14 (the date FNS responded)
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**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 07/23/14	NEED RESPONSE BY:
2. REQUESTOR NAME: Scott Neeri	6. COUNTY/ORGANIZATION: San Bernardino	
3. PHONE NO.: (909) 383-9890 / Fax (909) 383-9714	7. SUBJECT: Collateral Contact	
4. REGULATION CITE(S): See #8 References	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s). CFR 273.2(f)(4)(ii), MPP 63-300.5(g)(2), CFR 273.2(f)(5)(i), MPP 63-300.5(i), CFR 272.12(c)(2), CFR 273.3 Residency, FNS 310	

Although moving is not a reportable change, it might be helpful for the client to report the change to terminate the benefits from the old state, in order to receive a termination letter, proving the benefits have stopped. The source of this response is the USDA, FNS.